us Case TX/4 -32608A

Rec'd PCT/PTO 11 FEB 2005 10/524399

DECLARATION AND POWER OF ATTORNEY FOR UNITED STATES PATENT APPLICATION Substitute Original Supplemental As a below named inventor, I hereby declare that: My residence, post office address and citizenship are as stated below next to my name, and I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if more than one name is listed below) of the subject matter which is claimed and for which a United States patent is sought on the invention entitled DIAGNOSIS OF CHRONIC REJECTION the specification of which: is attached hereto. П was filed on as Application No. (day/month/year) and, if this box () contains an x was amended on (day/month/year) was filed as Patent Cooperation Treaty international Application No. \boxtimes (day/month/year) and, if this box () contains an x entered the national stage in the United States and was accorded Application No. and, if this box (□) contains an ×

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment(s) specifically referred to above and, if this application was filed as a Patent Cooperation Treaty international application, by any amendments made during the international stage (including any made under Patent Cooperation Treaty Rule 91, Article 19 and Article 34).

was amended, subsequent to entry into the national stage, on

I acknowledge my duty to disclose information which is material to patentability as defined in 37 C.F.R. 1.56, including, for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or Patent Cooperation Treaty international filing date of the continuation-in-part application.

(day/month/year)

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I hereby claim the benefit under 35 U.S.C. 119(a)-(d) or (f) or 365(b) of any foreign application(s) for patent, inventor's certificate or plant breeder's right certificate listed below and under 35 U.S.C. 365(a) of any Patent Cooperation Treaty international application(s) designating at least one country other than the United States listed below and have also listed below any foreign application(s) for patent, inventor's certificate or plant breeder's right certificate and Patent Cooperation Treaty international application(s) designating at least one country other than the United States for the same subject matter and having a filing date before that of the application the priority of which is claimed for that subject matter:

APPLICATION No.	FILING DATE	PRIORITY CLAIME		IMED			
<u> </u>	(day/month/year)	1					
			Yes		No		
			Yes		No		
			Yes		No		
			Yes		No		
			Yes		No		
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below:							
	FILING DATE (day/month/year)						
	22/08/2002						
		t under 35 U.S.C. 119(e) of any United States prov	(day/month/year)	(day/month/year) Yes Yes	(day/month/year) Yes		

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s) listed below and under 35 U.S.C. 365(c) of any Patent Cooperation Treaty international application(s) designating the United States listed below:

United States	United States	Status (Pending,	International		
Application No.	Filing Date	Abandoned or U.S.	Application No.	and Filing Date	
	(day/month/year)	Patent No.)		(day/month/year)	

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I hereby appoint all of the registered practitioners associated with Customer No. 001095 respectively and individually, as my attorneys and agents, with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

If this box () contains an x , I hereby authorize the registered practitioners associated with Customer No. 001095 and any others acting on my behalf to take any action relating to this application based on communications from Corporate Intellectual Property of Novartis International AG, Basle, Switzerland, or an affiliate thereof or a successor thereto, without direct communication from me.

Please send all correspondence relating to this application to the address associated with Customer No. 001095.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Andreas KRAUSE		
	Date —	(day/month/year)
4123 Allschwil, Switzerland		
citizen of Germany		
Feldstrasse 103 4123 Allschwil Switzerland		
Detlef NIESE		
	Date _	(day/month/year)
79100 Freiburg, Germany		
citizen of Germany		
Mercystrasse 15 79100 Freiburg Germany		
	4123 Allschwil, Switzerland citizen of Germany Feldstrasse 103 4123 Allschwil Switzerland Detlef NIESE 79100 Freiburg, Germany citizen of Germany Mercystrasse 15 79100 Freiburg	4123 Allschwil, Switzerland citizen of Germany Feldstrasse 103 4123 Allschwil Switzerland Detlef NIESE Date 79100 Freiburg, Germany citizen of Germany Mercystrasse 15 79100 Freiburg

IMPORTANT: Before this declaration is signed, the patent application (the specification, the claims and this declaration) must be read and understood by each person signing it, and no changes may be made in the application after this declaration has been signed.

Rec'd PST/PTO 11 FEB 2005. 10/524399

	Full name of third joint inventor, if any	Friedrich RAULF		
	Inventor's signature		Date .	(day/month/year)
	Residence	79104 Freiburg, Germany		
	Citizenship	citizen of Germany		
	Post Office Address	Merianstrasse 29 79104 Freiburg Germany		
\mathcal{D}	Full name of fourth joint inventor, if any	Andreas SCHERER		
	Inventor's signature	-duly	Date .	©2/02/2005 (day/month/year)
	Residence	79618 Rheinfelden-Herten, Germany D	EX	
	Citizenship	citizen of Germany 🦯		
	Post Office Address	Kirchstrasse 11 79618 Rheinfelden-Herten Germany		
	Full name of fifth joint inventor, if any			
	Inventor's signature		Date .	(day/month/year)
	Residence			
	Citizenship			
	Post Office Address			

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DECLARATION AND POWER OF ATTORNEY FOR UNITED STATES PATENT APPLICATION

X	Original		Supplemental		Substitute
As a	below named inventor, I here	by de	eclare that:		
My re	esidence, post office address	and	citizenship are as stated below next to	my i	name, and
and j		e nar	le inventor (if only one name is listed ne is listed below) of the subject matt on the invention entitled		
DIA	GNOSIS OF CHRONIC RE	JEC	CTION		
the s	pecification of which:				
	is attached hereto.				
	was filed on (da	y/mor	as Application No.		
	and, if this box (□) contain	ıs an	*		
	□ was amended on	(da	ay/month/year)		
X	was filed as Patent Coope	ratior	n Treaty international Application No.		
	PCT/EP2003/009292 i/CT/IZIP3-003/09292 and, if this box (□) contain	こ S an	on		
	entered the nation.	al sta	age in the United States and was acco	rded	Application No.
	and, if this box (□) contain				
	was amended, sub	osequ	uent to entry into the national stage, o	n _	(day/month/year)

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COUNTRY/REGION (OR P.C.T.)	APPLICATION No.	FILING DATE (day/month/year)	Р	RIORITY	CLA	IMED	
				Yes		No	
				Yes		No	
				Yes		No	
				Yes		No	
				Yes		No	
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below:							
APPLICATION NO.		FILING DATE (day/month/year)					
60/405225		22/08/2002					

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Application No.	Filing Date	Abandoned or U.S.	Application No.	and Filing Date	
	(day/month/year)	Patent No.)		(day/month/year)	

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I hereby appoint all of the registered practitioners associated with Customer No. 001095) respectively and individually, as my attorneys and agents, with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

If this box (\square) contains an x \boxtimes , I hereby authorize the registered practitioners associated with Customer No. 001095 and any others acting on my behalf to take any action relating to this application based on communications from Corporate Intellectual Property of Novartis International AG, Basle, Switzerland, or an affiliate thereof or a successor thereto, without direct communication from me.

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1-00	Full name of sole or first joint inventor	Andreas KRAUSE		
	Inventor's signature	* Judou Jun	Date 	(day/month/year)
	Residence	4123 Allschwil, Switzerland C++ ×		
	Citizenship	citizen of Germany		
_	Post Office Address	Feldstrasse 103 4123 Allschwil Switzerland		
2-00	Full name of second joint inventor, if any	Detlef NIESE		
	Inventor's signature	· Dylk-	Date -	(day/month/year)
	Residence	79100 Freiburg, Germany		
	Citizenship	citizen of Germany		
_	Post Office Address	Mercystrasse 15 79100 Freiburg Germany		

IMPORTANT: Before this declaration is signed, the patent application (the specification, the claims and this declaration) must be read and understood by each person signing it, and no changes may be made in the application after this declaration has been signed.

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3-01	Full name of third joint inventor, if any	Friedrich RAULF		
	Inventor's signature	Friedrichtaulf.	Date -	1/2/2005 (day/month/year)
	Residence	79104 Freiburg, Germany		
	Citizenship	citizen of Germany —		
	Post Office Address	Merianstrasse 29 79104 Freiburg Germany		
	Full name of fourth joint inventor, if any	Andreas SCHERER		
	Inventor's signature		Date .	(day/month/year)
	Residence	79618 Rheinfelden-Herten, Germany		
	Citizenship	citizen of Germany		
	Post Office Address	Kirchstrasse 11 79618 Rheinfelden-Herten Germany		
	Full name of fifth joint inventor, if any			
	Inventor's signature		Date .	(day/month/year)
	Residence			
	Citizenship			
	Post Office Address			

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